



PATENT  
Atty. Docket No. 2684US(203-2905PCTUS)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Milliman et al. Examiner: Not Assigned  
Serial No.: 10/616,468 Group: Art Unit 3731  
Filed: July 9, 2003 Dated: October 10, 2003  
For: ANASTOMOSIS INSTRUMENT AND  
METHOD FOR PERFORMING SAME

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Attached is a copy of the official filing receipt received from the U.S. Patent and Trademark Office in the above application for which issuance of a corrected filing receipt is respectfully requested.

There is an error with respect to the following data, which is incorrectly entered and/or omitted.

**Error in:**

**Correct data:**

Priority Date

January 24, 2001

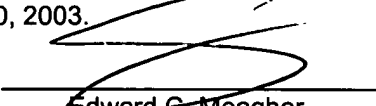
Applicants have attached herewith copies of the PCT Request as filed showing the correct priority date.

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

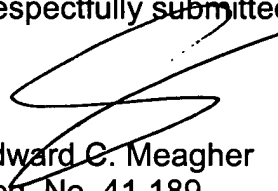
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 10, 2003.

Dated: October 10, 2003

  
Edward C. Meagher

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

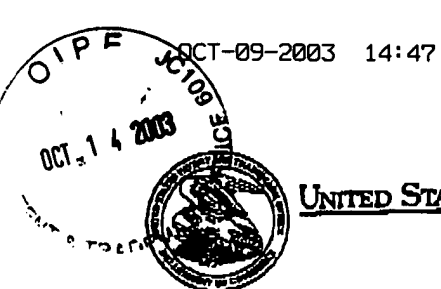
Respectfully submitted,



Edward C. Meagher  
Reg. No. 41,189

***Carter, DeLuca, Farrell & Schmidt, LLP***  
445 Broad Hollow Road  
Suite 225  
Melville, New York 11747  
Tel.: (631) 501-5700  
Fax: (631) 501-3526

ECM/gm



OCT-09-2003 14:47

USS LEGAL

203 845 4266 P.02/03

## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPL NO.	FILING OR 371 (e) DATE	ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/616,468	07/09/2003	3731	750	2684	42	9	1

RECEIVED

OCT 7 2003

LEGAL DEPT

CONFIRMATION NO. 9594

FILING RECEIPT

\*OC000000010979177\*

Paul R. A.  
United States Surgical,  
a Division of Tyco Healthcare Group LP  
150 Glover Avenue  
Norwalk, CT 06856

Date Mailed: 10/03/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Keith Milliman, Bethel, CT;  
Kevin Sniffen, Danbury, CT;  
Joseph P. Orban III, Norwalk, CT;  
Lisa W. Heaton, Shelton, CT;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 10/03/2003

Projected Publication Date: 01/13/2005

Non-Publication Request: No

Early Publication Request: No

## Title

Anastomosis instrument and method for performing same

**Preliminary Class**

606

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**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

**NOT GRANTED**

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

**TRANSMITTAL LETTER TO THE  
UNITED STATES RECEIVING OFFICE**

OCT 14 2003  
PATENT & TRADEMARK OFFICE

Date	January 8, 2002
International Application No.	
Attorney Docket No.	2684 PCT

**I. Certification under 37 CFR 1.10 (if applicable)**

EJ 767 194 660 US
Express Mail mailing number

January 8, 2002
Date of Deposit

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.


Signature of person mailing correspondence

Yolanda S. Herr
Typed or printed name of person mailing correspondence

**II. ☒ New International Application**

TITLE	ANASTOMOSIS INSTRUMENT AND METHOD FOR PERFORMING SAME
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Earliest priority date (Day/Month/Year)
24/01/01

**SCREENING DISCLOSURE INFORMATION:** In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. ☐ The invention disclosed was not made in the United States.  
 B. ☐ There is no prior U.S. application relating to this invention.  
 C. ☒ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority.)

application no.	60/263,891	filed on	24 January 2001
application no.		filed on	

- D. ☐ The present international application contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C. above. The additional subject matter is found on pages \_\_\_\_\_ and ☐ DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15

**III. ☐ A Response to an Invitation from the RO/US. The following document(s) is(are) enclosed:**

- A. ☐ A Request for An Extension of Time to File a Response  
 B. ☐ A Power of Attorney (General or Regular)  
 C. ☐ Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

- D. ☐ Submission of Priority Documents

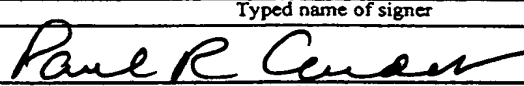
Priority document		Priority document	
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- E. ☐ Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

**IV. ☐ A Request for Rectification under PCT 91 ☐ A Petition ☐ A Sequence Listing Diskette**

**V. ☐ Other (please specify):**

The person  
signing this  
form is the:

<input type="checkbox"/> Applicant	Paul R. Audet, Reg. No. 26,439
<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.) 26,439	Typed name of signer
<input type="checkbox"/> Common Representative	 Signature

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 2684 PCT

**Box No. I TITLE OF INVENTION**

ANASTOMOSIS INSTRUMENT AND METHOD FOR PERFORMING SAME

**Box No. II APPLICANT**

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

TYCO HEALTHCARE GROUP LP  
150 Glover Avenue  
Norwalk, CT 06856  
United States of America

Telephone No.  
(203) 845-1480

Facsimile No.  
(203) 846-5988

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant  
for the purposes of:

☐ all designated  
States

☒ all designated States except  
the United States of America

☐ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MILLIMAN, Keith  
5 Marywood Road  
Bethel, CT 06801  
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box  
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☒ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

AUDET, Paul  
Tyco Healthcare Group LP  
150 Glover Avenue  
Norwalk, CT 06856

Telephone No.  
(203) 845-1480

Facsimile No.  
(203) 846-5988

Teleprinter No.

Agent's registration No. with the Office  
26,439

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>SNIFFEN, Kevin</b> <b>38 Grand Street</b> <b>Danbury, CT 06810</b> <b>United States of America</b>	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office

State (that is, country) of nationality: <b>US</b>	State (that is, country) of residence: <b>US</b>
---	---

This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>ORBAN, Joseph P., III</b> <b>78 Fallow Street</b> <b>Norwalk, CT 06850</b> <b>United States of America</b>	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office

State (that is, country) of nationality: <b>US</b>	State (that is, country) of residence: <b>US</b>
---	---

This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
---

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>HEATON, Lisa W.</b> <b>44 Brownson Drive</b> <b>Shelton, CT 06484</b> <b>United States of America</b>	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office

State (that is, country) of nationality: <b>US</b>	State (that is, country) of residence: <b>US</b>
---	---

This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
---

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)   	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office

State (that is, country) of nationality:	State (that is, country) of residence:
--	--

This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
--

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Box No. V DESIGNATION OF STATES**

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

**Regional Patent**

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

**National Patent** (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates               | <input checked="" type="checkbox"/> GH Ghana                                     | <input checked="" type="checkbox"/> MX Mexico                      |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> GM Gambia                                    | <input checked="" type="checkbox"/> MZ Mozambique                  |
| <input checked="" type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> HR Croatia                                   | <input checked="" type="checkbox"/> NO Norway                      |
| <input checked="" type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> HU Hungary                                   | <input checked="" type="checkbox"/> NZ New Zealand                 |
| <input checked="" type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PL Poland                      |
| <input checked="" type="checkbox"/> AU Australia                          | <input checked="" type="checkbox"/> IL Israel                                    | <input checked="" type="checkbox"/> PT Portugal                    |
| <input checked="" type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> IN India                                     | <input checked="" type="checkbox"/> RO Romania                     |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina             | <input checked="" type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RU Russian Federation          |
| <input checked="" type="checkbox"/> BB Barbados                           | <input checked="" type="checkbox"/> JP Japan                                     |  |
| <input checked="" type="checkbox"/> BG Bulgaria                           | <input checked="" type="checkbox"/> KE Kenya                                     | <input checked="" type="checkbox"/> SD Sudan                       |
| <input checked="" type="checkbox"/> BR Brazil                             | <input checked="" type="checkbox"/> KG Kyrgyzstan                                | <input checked="" type="checkbox"/> SE Sweden                      |
| <input checked="" type="checkbox"/> BY Belarus                            | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SG Singapore                   |
| <input checked="" type="checkbox"/> BZ Belize                             | <input checked="" type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SI Slovenia                    |
| <input checked="" type="checkbox"/> CA Canada                             | <input checked="" type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SK Slovakia                    |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SL Sierra Leone                |
| <input checked="" type="checkbox"/> CN China                              | <input checked="" type="checkbox"/> LK Sri Lanka                                 | <input checked="" type="checkbox"/> TJ Tajikistan                  |
| <input checked="" type="checkbox"/> CO Colombia                           | <input checked="" type="checkbox"/> LR Liberia                                   | <input checked="" type="checkbox"/> TM Turkmenistan                |
| <input checked="" type="checkbox"/> CR Costa Rica                         | <input checked="" type="checkbox"/> LS Lesotho                                   | <input checked="" type="checkbox"/> TR Turkey                      |
| <input checked="" type="checkbox"/> CU Cuba                               | <input checked="" type="checkbox"/> LT Lithuania                                 | <input checked="" type="checkbox"/> TT Trinidad and Tobago         |
| <input checked="" type="checkbox"/> CZ Czech Republic                     | <input checked="" type="checkbox"/> LU Luxembourg                                | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany                            | <input checked="" type="checkbox"/> LV Latvia                                    | <input checked="" type="checkbox"/> UA Ukraine                     |
| <input checked="" type="checkbox"/> DK Denmark                            | <input checked="" type="checkbox"/> MA Morocco                                   | <input checked="" type="checkbox"/> UG Uganda                      |
| <input checked="" type="checkbox"/> DM Dominica                           | <input checked="" type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> US United States of America    |
| <input checked="" type="checkbox"/> DZ Algeria                            |  |  |
| <input checked="" type="checkbox"/> EC Ecuador                            | <input checked="" type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> UZ Uzbekistan                  |
| <input checked="" type="checkbox"/> EE Estonia                            | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> VN Viet Nam                    |
| <input checked="" type="checkbox"/> ES Spain                              | <input checked="" type="checkbox"/> MN Mongolia                                  | <input checked="" type="checkbox"/> YU Yugoslavia                  |
| <input checked="" type="checkbox"/> FI Finland                            | <input checked="" type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> ZA South Africa                |
| <input checked="" type="checkbox"/> GB United Kingdom                     |  | <input checked="" type="checkbox"/> ZW Zimbabwe                    |
| <input checked="" type="checkbox"/> GD Grenada                            |  |  |
| <input checked="" type="checkbox"/> GE Georgia                            |  |  |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |  |  |                          |
|--|--|--------------------------|
| <input checked="" type="checkbox"/> PH Philippines | <input checked="" type="checkbox"/> GQ Equatorial Guinea | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OM Oman        | <input checked="" type="checkbox"/> ZM Zambia            | <input type="checkbox"/> |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)



**Supplemental Box***If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
  - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
  - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
  - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
  - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
  - (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*
  - (vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

Continuation of Box No. IV

See Attached Schedule A

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 24 January 2001 (24.01.01)	60/263,891	US		
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☒ all items    ☐ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item (5)    ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . . .

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations


- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) the following number of sheets in paper form:		
request (including declaration sheets) : 6	1. <input checked="" type="checkbox"/> fee calculation sheet	1
description (excluding sequence listing part) : 32	2. <input checked="" type="checkbox"/> original separate power of attorney	1
claims : 2	3. <input type="checkbox"/> original general power of attorney	
abstract : 1	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....	
drawings : 42	5. <input type="checkbox"/> statement explaining lack of signature	
Sub-total number of sheets : 83	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....	
sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) : 0	7. <input type="checkbox"/> translation of international application into (language): .....	
Total number of sheets : 83	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
(b) sequence listing part of description filed in computer readable form	9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	
(i) <input type="checkbox"/> only (under Section 801(a)(i))	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	
(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column): .....	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column	
	10. <input checked="" type="checkbox"/> other (specify): Return Postcard/Cert. under 37.CFR.	2
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English	

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

 Paul Audet Reg. No. 26,439	Dated: <u>January 8, 2002</u>
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For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:
---

This sheet is not part of and does not count as a sheet of the international application.

**PCT**

**FEE CALCULATION SHEET**

**Annex to the Request**

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's  
file reference

2684 PCT

Applicant

TYCO HEALTHCARE GROUP LP

**CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE . . . . . 240.00 **T**

2. SEARCH FEE . . . . . 846.00 **S**

International search to be carried out by EP  
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 83  
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

**b1** first 30 sheets . . . . . 382.00 **b1**

**b2** 53 x 9.00 = 477.00 **b2**  
number of sheets fee per sheet  
in excess of 30

**b3** additional component (only if sequence listing part of description  
is filed in computer readable form under Section 801(a)(i), or  
both in that form and on paper, under Section 801(a)(ii)):

400 x                      =                      **b3**  
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B . . . . . 859.00 **B**

Designation Fees

The international application contains 93 designations.

6 x 82.00 = 492.00 **D**  
number of designation fees amount of designation fee  
payable (maximum 6)

Add amounts entered at B and D and enter total at I . . . . . 1,351.00 **I**

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) . . . . . 15.00 **P**

5. TOTAL FEES PAYABLE . . . . . USD \$2,452.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

☐ The designation fees are not paid at this time.

**MODE OF PAYMENT**

☒ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons  
☐ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

**AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT**

(This mode of payment may not be available at all receiving Offices)

☒ Authorization to charge the total fees indicated above.  
☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.  
☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ US

Deposit Account No.: 21-0550

Date: January 8, 2002

Name: Paul Audet

Signature: Paul R Audet